

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041891

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED DEC 11 1962

Primary Registration District No.

3010

Registrar's No.

539

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.			
b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau				Length of stay in lb 40 yrs.		c. CITY OR TOWN Cape Girardeau	
c. FULL NAME OF (If NOT in hospital, give location) 837 N. Main				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 837 N. Main	
3. NAME OF DECEASED (Type or print) First Louise Middle Wood Last McElroy				4. DATE OF DEATH Month Dec. Day 6 Year 1962			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-12-1894	
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months 67 Days 0 Hours 0 Min. 0		IF UNDER 24 HR. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook				10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and state or country) Kuttawa, Ky.	
12. CITIZEN OF WHAT COUNTRY U. S. A.							
13a. FATHER'S NAME Fount M. Pritchett				13b. MOTHER'S MAIDEN NAME Nanna Barnett		14. NAME OF HUSBAND OR WIFE Ollie McElroy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO				16. SOCIAL SECURITY NO. *****		17. INFORMANT Walker Childs Cape Girardeau, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Obesity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Obesity DUE TO (c) 							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. 		Month, Day, Year 					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Nov. 15, 1962 to Dec. 6, 1962 and last saw her/him alive on Dec. 6, 1962				Death occurred at 837 N. Main 8:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>D. O. Brooks</i> (Degree or title) D. O.				22b. ADDRESS Cape Gir., Mo. 734 William St.		22c. DATE SIGNED 12-7-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-8-1962		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	
24. FUNERAL DIRECTOR Ford & Sons Cape Girardeau, Mo.				25. DATE RECD. BY LOCAL REG. 12-8-62		26. REGISTRAR'S SIGNATURE <i>James Eastern</i>	

Doctor 12-7-62
Picked up 12-7-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.